Department of Workforce Development Unemployment Insurance Division P.O. Box 7905 Madison, WI 53707

PAGE 01 OF 01

## **Unemployment Insurance Benefit Amount Computation**

Dated: 05/30/25

Your benefit year: 05/18/25 THRU 05/16/26

lilidaddalladaaddaldaddaldaddald JUDY R FINTZ 4625 MORMON COULEE RD TRLR 87 LA CROSSE WI 54601-8250

✓ You have earned enough wages to qualify for Unemployment Insurance (UI) benefits.

We may still be checking if you meet all other eligibility requirements.

Please log on to my.unemployment.wisconsin.gov for the latest updates on your claim and to find out if you have any issues that could delay or prevent you from receiving benefits.

If you meet all other eligibility requirements, you may receive the following:

Weekly benefit amount: \$

72.00

Maximum benefit amount: \$

1872.00

The amounts in the table below are based on the wages your employer(s) reported to us.

Please call the Claimant Assistance Line at 414-435-7069 or 844-910-3661 if:

- The wages\* or employers are wrong, or
- An employer you worked for during the base period is missing.

\*Note if you participate in a cafeteria or flexible spending plan, these earnings do not get reported to us and will not be included in your benefit calculation.

Wages paid during the base period

JANUARY 01,2024 through

DECEMBER 31,2024

EMPLOYER NAME	JAN-MAR 2024	APR-JUN 2024	JUL-SRP 2024	OCT-DBC 2024	TOTAL
EUREST/CHARTWELLS DI	1402.38	1136.92	393.82	1807.74	4740.86
	···drogenous	netholic redolphic			
	Wildername.			· · · · · · · · · · · · · · · · · · ·	
	are designed.	200	***************************************	Soon manager	
	•	MANONINO DIAGRAM	Warner Landach		
	Stenary (*) vijika.	THE POLICE AND	· · · · · · · · · · · · · · · · · · ·	wa ng nghu	
	or Commence		- Province Constitution Constit	in in the state of	,
	1.0000000000000000000000000000000000000	and the control of th	Shaharaganja	90	
TOTALS	1402.38	1136.92	393.82	1807.74	4740.86

OBJECTION PROCEDURE: If you don't agree with the information in the table, you can file an objection with a claim specialist. Be ready to provide check stubs or W-2 forms to support your disagreement. Objections must be filed with 14 days from the date of this letter (see 'Dated:' at top right).

UCB-700 (U00088) (R. 02/07/2024)